

SERFF Tracking Number: CMBD-125711014 State: Arkansas  
Filing Company: Combined Insurance Company of America State Tracking Number: 39412  
Company Tracking Number: LTC LAPSE & REPLACEMENT / CLAIMS DENIAL REPORT  
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other  
Product Name: Senior LTC Lapse & Replacement / Claims Denial Report  
Project Name/Number: LTC Lapse & Replacement / Claims Denial Report/LTC Lapse & Replacement / Claims Denial Report

## Filing at a Glance

Company: Combined Insurance Company of America

Product Name: Senior LTC Lapse & Replacement / Claims Denial Report SERFF Tr Num: CMBD-125711014 State: ArkansasLH

TOI: LTC06 Long Term Care - Other

SERFF Status: Closed

State Tr Num: 39412

Sub-TOI: LTC06.000 Long Term Care - Other

Co Tr Num: LTC LAPSE & REPLACEMENT / CLAIMS DENIAL REPORT

State Status: Filed-Closed

Filing Type: Form

Co Status:

Reviewer(s): Harris Shearer

Author: Sue Thill

Disposition Date: 07/16/2008

Date Submitted: 06/25/2008

Disposition Status: Accepted For

Informational Purposes

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: LTC Lapse & Replacement / Claims Denial Report

Status of Filing in Domicile: Pending

Project Number: LTC Lapse & Replacement / Claims Denial Report

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 07/16/2008

State Status Changed: 07/16/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

LTC Lapse & Replacement / Claims Denial Report

## Company and Contact

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### Filing Contact Information

Sue Thill, Policy Analyst Sue\_Thill@aon.com  
 1000 Milwaukee Avenue (847) 953-1536 [Phone]  
 Glenview, IL 60025 (847) 953-1557[FAX]

### Filing Company Information

Combined Insurance Company of America CoCode: 62146 State of Domicile: Illinois  
 1000 Milwaukee Avenue Group Code: 317 Company Type:  
 Glenview, IL 60025 Group Name: State ID Number:  
 (847) 953-1531 ext. [Phone] FEIN Number: 36-2136262  
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### Filing Fees

Fee Required? No  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Combined Insurance Company of America	\$0.00	06/25/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Harris Shearer Informational Purposes		07/16/2008	07/16/2008

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## **Disposition**

Disposition Date: 07/16/2008

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	COVER LETTER		Yes
Supporting Document	REPORTS		Yes

<i>SERFF Tracking Number:</i>	<i>CMBD-125711014</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Combined Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>39412</i>
<i>Company Tracking Number:</i>	<i>LTC LAPSE &amp; REPLACEMENT / CLAIMS DENIAL REPORT</i>		
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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Review Status:**

**Satisfied -Name:** COVER LETTER **06/25/2008**  
**Comments:**  
**Attachment:**  
ar.pdf

**Review Status:**

**Satisfied -Name:** REPORTS **06/25/2008**  
**Comments:**  
**Attachments:**  
AR lapse and replacement.pdf  
arkansasannualreport2007.pdf



June 25, 2008

Honorable Julie Benafield Bowman  
Commissioner of Insurance  
Arkansas Department of Insurance  
1200 West 3<sup>rd</sup> Street  
Little Rock, Arkansas 72201-1904

**SERFF TRACKING NUMBER: CMBD-125711014**  
**RE: COMBINED INSURANCE COMPANY OF AMERICA**  
**2007 Long Term Care Sales, Lapse and Replacement,**  
**Claims Denial Reports**

Dear Commissioner Benafield:

As required under the NAIC Long Term Care Model Act and Regulations adopted by your state, enclosed is the Long Term Care Sales, Replacement and Lapse Report for calendar year 2007 to be reported annually by June 30th.

For states where Long Term Care policies are approved for sale and that have policies in force as of 12/31/07, the report contains the following items:

- 1) The 10 percent of agents with the greatest percentages of **lapses** and **replacements**.
- 2) On a statewide basis, the number of **lapsed** policies as a percentage of total annual sales and as a percentage of total in force as of the end of 2007.
- 3) On a statewide basis, the number of **replacement** policies sold as a percentage of total annual sales and as a percentage of total in force as of the end of 2007.
- 4) The number of rescissions of sales during the year 2007.

Further inquiries may be directed to my attention at (847) 953-8169.

Sincerely,

A handwritten signature in black ink that reads "Regina Scheppa".

Regina Scheppa, A.S.A., M.A.A.A.  
Senior Staff Actuary



PERCENTAGE OF LAPSED POLICIES TO TOTAL ANNUAL SALES	57%
PERCENTAGE OF LAPSED POLICIES TO POLICIES INFORCE	6%
PERCENTAGE OF REPLACEMENT POLICIES TO TOTAL ANNUAL SALES	0%
PERCENTAGE OF REPLACEMENT POLICIES TO POLICIES INFORCE	0%
THE NUMBER OF RECISSIONS OF SALES DURING THE YEAR 2007	0

# CLAIMS DENIAL REPORTING FORM LONG-TERM CARE INSURANCE

**For the State of:** Arkansas

**For the Reporting Year of:** 2007

**Company Name:** Combined Insurance Company **Due: June 30 annually**

**Company Address:** 5050 N. Broadway  
Chicago, IL 60640

**Company NAIC Number:** 62146

**Contact Person:** Audrey A Isaac **Phone Number:** 773-765-3873

**Line of Business:** Individual

## Instructions:

The purpose of this format is to report all long-term care claim denials under in force long-term care insurance policies. "Denied" means a claim that is not paid for any reason other than for claims not paid for failure to meet the waiting period or because of an applicable preexisting condition.

		State Data	Nationwide Data <sup>1</sup>
1	Total Number of Long-Term Care Claims Reported	1	34
2	Total Number of Long-Term Care Claims Denied	1	9
3	Number of Claims Not Paid due to Preexisting Condition Exclusion	0	0
4	Number of Claims Not Paid due to Waiting (Elimination) Period Not Met	1	6
5	Net Number of Long-Term Care Claims Denied for Reporting Purposes (Line 2 Minus Line 3 Minus Line 4)	0	3
6	Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided By Line 1)	0%	9%
7	Number of Long-Term Care Claims Denied due to:	0	0
8	o Long-Term Care Services Not Covered under the Policy <sup>2</sup>	0	0
9	o Provider/Facility Not Qualified under the Policy <sup>3</sup>	0	0
10	o Benefit Eligibility Criteria Not Met <sup>4</sup>	0	0
11	o Other	0	1

- (1) The nationwide data may be viewed as a more representative and credible indicator where the data for claims and denied for your state are small in number.
- (2) Example -- home health care claim filed under a nursing home only policy.
- (3) Example -- a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy.
- (4) Example -- a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.